

**P21000014560**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PLATTUM HEALTH CARE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

J. FASON

FEB 18 2021

2021 FEB 17 AM 9:20

2021 FEB 17 PM 2:28

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME:** The name of the corporation is:PLATINUM HEALTH CARE INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

P- 6245 NORTH FEDERAL HWY SUITE 314  
FORT LAUDERDALE FL, 33308M- 590 E 10TH AVE HIALEAH, FL 33010**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MANUEL FROILAN ROBAINA (P)  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

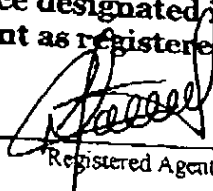
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Manuel Froilan Robaina6245 North Federal Hwy Suite 314Fort Lauderdale FL, 33308**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Manuel Froilan Robaina6245 North Federal Hwy Suite 314Fort Lauderdale FL, 33308

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**Required Signatures:**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Registered Agent02-17-21  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

  
\_\_\_\_\_  
Incorporator02-17-21  
\_\_\_\_\_  
Date

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